

AN INQUIRY INTO HEALEES' PERCEPTIONS
OF THE HEALING EXPERIENCE

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An Abstract of a Thesis by
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The problem. This study described the healing experience and its meaning for five individuals who received healing in the context of a Catholic healing mass.

Procedure. Each of the five subjects were interviewed twice and extensive field notes were accumulated. The subjects were asked to describe their healing experience and then asked "What did this experience mean to you?". The second interview was utilized to validate and clarify the researcher's understanding of the data.

Findings. Each of the five healees considered themselves to have had an experience which affected them physically, spiritually, mentally, and emotionally. The healings were defined by the healee and included the stabilization of a cancer process, total and partial relief of chronic back problems, relief of persistent tachycardia, and total relief of kidney area pain. Each healee had developed preparatory behavior for continued healing experiences. None of the healees perceived their experience to conflict with, or be in lieu of, their traditional medical and nursing care.

Conclusions. The strongest theme in the findings was of a relationship between belief and healing outcome.

Recommendations. Further studies are needed in the area of nontraditional healing.

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CHAPTER I

INTRODUCTION

Throughout the ages humans have combined their spiritual expressions with healing. The shaman, medicine man, and medicine woman traditionally are both the spiritual leaders and the doctors of the community. They are prepared to utilize the beliefs of an individual to facilitate a change in health status. Western society however, has separated the practice of healing from ministering to spiritual needs. We have created a mechanized view of human beings, one which assumes a separation between spiritual needs and mental, emotional, and physical needs (Krippner & Villoldo, 1976; Capra, 1984; Lamb, 1987). Further, we have created different disciplines to minister to different needs within the human being, reflecting a view of people as nonintegrated parts of a whole.

Is it possible that we humans are much more integrated than our society currently sees? Is it possible that there is a common link to health which many disciplines are seeking through differing avenues of study? Could there be a common denominator to health which lies not within the discipline of nursing, or medicine, or theology, or sociology, or psychology, but within all of these schools of thought? Perhaps there are common links in the healing process which could be utilized within each of our human service disciplines.

Historically, nursing has been open to sharing

knowledge and information with other disciplines and has derived its body of knowledge from not only nursing research but also from the research of other disciplines (Meleis, 1985; Donahue, 1985). Nursing gives to and borrows from other disciplines. From this historical perspective one can safely assume that nursing will utilize any information which is shown to affect health care and ultimately the nursing care that patients receive. It is my thesis that it is time for nurses to look at healing experiences of an unconventional nature, and to begin a process of sorting through the information found in order to determine its value for nursing.

The purpose of this study was to identify and describe the healing events of five individuals who have experienced healing through a healing Mass within a Roman Catholic church in a midwestern city. This researcher expected to find useful information within the experiences of the five healees which could provide insights into the healing process of human beings.

CHAPTER II

LITERATURE REVIEW

This literature review begins with a description of the Rogerian Science of Unitary Human Beings. Both complementary views in physics and psychology and current nursing research in the area of energy and healing are then explored. The literature review concludes with a description of the works of several Roman Catholic priests who are predominant spokesmen in the area of the healing ministry.

Nursing educator and theorist Martha Rogers (1970, 1983) gave us the Science of Unitary Human Beings. This concept describes the human being as a whole which is greater than the sum of its parts, and which cannot be understood when reduced into particulars. According to Rogers, humans, or unitary beings are irreducible wholes. Rogers described the human being as a part of a universal energy field which is constantly interacting with the energy field of the environment. It is holistic in nature because what affects one aspect of the human being affects the whole. She cautioned, however, that the current popular usage of the term holistic generally signifies a summation of parts, whether few or many, but does not recognize that the whole of the human energy field is greater than the sum of its parts.

The conceptual system designed by Rogers (1983) includes three principles of homeodynamics: resonancy,

helicity, and complementarity, and four building blocks: energy fields, a universe of open systems, pattern, and four dimensionality, each of which will be discussed separately. She perceived the paradigm itself as transcending its building blocks and existing only as an irreducible whole.

Energy fields are postulated to be the fundamental unit of both the living and the nonliving. Field is a unifying concept and energy signifies the dynamic nature of the field. Energy fields are unbounded and irreducible; they are open for exchange and extend to infinity. Energy fields are four-dimensional and they transcend time and space. They have imaginary boundaries that are unique and changeable. Energy fields are more than the sum total of their parts, which may be physical, social, psychological, or biological in nature (Rogers, 1983; Meleis, 1985).

Rogers (1983) pointed to physics to substantiate her postulate of a universe of open systems. She perceived boundless fields as continuously open, with human and environmental fields flowing through one another without interruption. They are characterized by increasing heterogeneity, differentiation, diversity, and complexity of field pattern.

Pattern identifies energy fields; the nature of the pattern changes continuously and creatively. It is the distinguishing characteristic of a field and is perceived as a mosaic of waves (Rogers, 1983).

Four dimensionality is defined by Rogers (1983) as a nonlinear domain without spatial or temporal attributes. Within this paradigm the real world is postulated to be four dimensional; time and space are constructs of the human mind and are not real.

Rogers' principles of homeodynamics postulate the nature and direction of unitary human development. Since unitary human beings are always in the process of "becoming", they are always more than they had been because all previous actions, experiences, interactions, and being are incorporated into their present being. A unitary being is homeodynamic rather than homeostatic, and is evolving toward greater complexity (Meleis, 1985).

The first principle of homeodynamics is that of resonancy: the human field and the environmental field are identified by wave patterns manifesting continuous change from lower frequency to higher frequency (Rogers, 1983).

The second principle is that of helicy: the nature and direction of human and environmental change is continuously innovative and probablistic. It is characterized by increasing diversity of human and environmental field patterns emerging out of the continuous, mutual process between human and environmental fields. This manifests nonrepeating rhythmicities (Rogers, 1983).

Third is the principle of complementarity which is defined as the continuous, mutual process between human

and environmental fields. Rogers (1983) wrote that the principle of complementarity is inherent in the principle of helicy and exists to emphasize the mutual process between human and environmental fields.

Rogers (1983) went on to say that correlates of change derive from the human/environment mutual process and are identified by continuously innovative wave patterns. Wave patterns evolve from lower frequency toward higher frequency. All behavior is a field manifestation of wave patterns.

Rogers utilized some of the terminology, assumptions, and concepts of general systems theory in her view of unitary man as an organization of the whole which is more than the sum of the parts. She also utilized the terminology, assumptions, and concepts of general systems theory in her perception of the individuality and uniqueness of human kind as reflected in pattern and organization, and in wholeness. She utilized the general systems theory of negentropy to develop the principle of helicy (Meleis, 1985).

Rogers also drew from physics and electromagnetic theory in the development of her basic premises and concept of dynamic energy fields which are irreducible and unbounded, extend to infinity, and are identifiable by waves and patterns. Rogers utilized the electrodynamic theory of life as developed by Burr and Northrop in 1935 to bridge physics and life processes in nursing (Meleis,

1985).

The healing experience is often described by both healers and healees as an energy exchange. Rogers' paradigm, with its recognition of interacting energy systems, thus provides a framework for the study of the healing experience.

Scientists within the disciplines of physics, psychology, and nursing offer compatible views of the human being as an integrated energy field. A brief synopsis of some of their works follow.

Physicist Fritjof Capra (1984) described how modern physics has come to view the world as a system of inseparable, interacting, and ever moving components, much like early physicists who believed spirit and matter were not separated. He compared this new physics to Eastern philosophies which also assert a lack of separation between spirit and matter, and which view all objects as fluid and ever changing.

Psychology refers to the non-specific effects of treatment when describing the effects of spirit or mind on the healing process. Pelletier (1977) wrote of how the mind affects the central nervous system, endocrine system, and immune system, and therefore directly affects one's physical status. He, as well as many holistic health care providers, referred to the effects of relaxation, meditation, and stress reduction on the physical body and promoted movement toward a more holistic health care approach

in our society.

In looking for a common denominator of healing, Krippner and Villoldo (1976) described a variety of unorthodox or paranormal healings. They suggested that the role of consciousness in cause-and-effect relationships in healing has been negated by a mechanistic interpretation of nature. The mechanistic perspective is the most commonly found form of healing in the western world that focuses on the mechanics of the human body. Successful psychic healers typically see the universe as a living entity created by a higher consciousness, and these healers utilize their interactions with this higher consciousness to facilitate healing. Employing qualitative methods of research, Krippner and Villoldo observed and interviewed many renowned healers of modern times. In their conclusions they strongly asserted a challenge to the scientific community to continue investigating the unorthodox and paranormal healing methods in search of the key to the healing process.

The interaction of mind, body, and spirit is an active area of study for some nurses who ascribe to the holistic view of nursing practice. In general however, it remains a very new area of study. Lamb (1987) compared the holistic perspective with the mechanistic perspective. She stressed that the energy relationship between a human being and his or her environment is an important cornerstone of holistic practice.

Bradley (1987) also discussed energy relationships as related to nursing practice. Utilizing the work of Capra and Rogers, among others, she described how blockages or disordered patterns of energy flow create a negative influence on a given energy field and the energy fields adjoining it. Bradley wrote that recognition of internal energy fields within each individual is important within the energy field model because they are interconnected fields over which a person has some control. She further explained that balance within and between internal fields is necessary since change within one internal energy field affects the integrity of the other internal fields and ultimately affects the fields of other people within the environment.

Bradley (1987) utilized the works of Lowen, Kunz and Peper, and Quinn to explain that imbalances and blockages of flow cause energy disruptions and deficiencies in the organism which are manifest as fluctuations along a wellness/illness continuum. As the nurse becomes part of the patient's environment, both participants experience change and modification of their energy fields. This is described by Rogers' concept of mutual processes between unitary human beings and their environment. Thus health, illness, and healing are all manifestations of human-environment energy exchange.

Scandrett (1987) drew upon holistic theory and Rogers' theory in her research of relaxation and the healing

process. Scandrett is the first researcher to describe healing processes. "Healing Processes are phenomena which promote energy patterning towards wholeness and harmony of human and environmental fields; motion toward harmony accelerates as wave patterning changes frequencies" (Scandrett, 1987, p. 29).

Scandrett (1987) identified five basic factors which appear to be involved in the process of healing. The first is attunement or awareness. This is an awareness of the person who is self-involved in his/her healing process that something needs healing. Appraisal is the second factor and often involves observation and comparison with one's own and/or others' previous experience. Intention or making a choice is the third factor. The fourth factor is alignment. Scandrett reported that various activities in which individuals engage, such as self-care events and seeking assistance from others, comprise alignment. The fifth factor is acceptance or yielding into the experience of movement of energies.

Scandrett (1987) offered nursing it's only published research in the specific area of clarifying the healing process. Her methodology is that of grounded theory as developed by Glaser and Straus which is also based in the qualitative paradigm. She used sixteen subjects and a semi-structured interview format to elicit descriptions of the healing process. The interview involved broad open-ended questions with specific questions evolving from the

informant's responses. In addition, each informant kept a daily health diary. The interview data were transcribed and analyzed using a qualitative approach which allowed concepts to emerge from the data and allowed for making constant comparisons. This research has yet to be published in its totality.

Several Roman Catholic priests have now described physical and mental/emotional healing processes observed in the healing Masses as well as in the other settings of their healing ministry. In documenting the experience of twenty-eight healees, Father Ralph DiOrio (1984) described very significant healings such as the spontaneous mending of broken bones and the disappearance of cancerous tumors. He theorized that God's touch is the healing force in all of these cases and in all healing situations, and that the human being has only to let God's healing force into his or her life in order to experience healing. DiOrio asserted that some form of faith resides within all humans and that an affirmation of this faith allows the healing force into one's life.

Fr. Gerald Ruane (1985) focused his work on how humans often block God's healing through their attitudes, prejudices, and expectations. The "Orphan Complex" is Ruane's term for one who feels he or she does not belong to God and consequently blocks the healing experience. According to Ruane one must let go of this complex in order to be healed. Ruane reported there are many techniques used to

facilitate healing, but that all healings are a result of God's sovereign love and mercy.

Fr. Jim McManus (1984), stated that all healing force comes from God, and that God gave man the power of healing through the Holy Spirit. He wrote of the importance of the healee's preparation to accept the healing experience. This preparation involves becoming conscious of what one desires healed, being willing to forgive one's self, believing that God can heal, and accepting that reality for one's self. McManus focused his work on how the rituals of the sacraments are designed to facilitate the work of the Holy Spirit on earth.

The area of healing ministry is now flooded with the works of priests and ministers who have experienced and documented healings of physical and mental/emotional distress. Scientific study in this area is in it's rudimentary stage. The use of rigorous scientific method of study is needed before the scientific community can fully benefit from the experiences of the church. The Rogerian Science of Unitary Human Beings conceptually lends itself as a scientific paradigm for this study. We, as nurses, must further investigate this phenomena so that we can incorporate any useful information into the nursing body of knowledge.

CHAPTER III

METHODOLOGY

The phenomenologic mode of inquiry was the method selected to examine this question. There was no hypothesis in this study, nor were there independent variables. The purpose of this study was simply to describe the healing experience; the dependent variable. The focus at the outset of this study was to identify and describe the perception and meaning of the healing experience of five healees. It was expected that the perceptions of these individuals would contain commonalities which would provide information about the healing process.

Inquiry into the meaning of the healing experience is most appropriately accomplished by utilizing the phenomenological approach to research. Phenomenology attempts to study the human experience as it is experienced or lived. It is an inductive, descriptive research method designed to investigate and describe all phenomena in their fullest depth. The researcher in the qualitative paradigm recognizes that all research is value bound. Yet the researcher approaches the phenomenon to be explored with no preconceived expectations of the nature of the knowledge to be gained and has no preconceived operational **definitions**. The researcher is not seeking to validate any particular theoretical framework. The subjects to be studied are approached naively and with an open mind. All data are accepted as given. All data, including the subjective

meanings of the phenomena or experiences are utilized. The phenomenological researcher strives to understand all data from the perspective of the participants in the experience (Omery, 1983).

The phenomenologist accepts experience as it exists in the consciousness of the individual; he or she never reaches a conclusion which demonstrates a cause and effect relationship. The objective of this approach is identification of the essence, or basic nature, of a behavior. Through examining the qualities of an experience one arrives at the essence of that experience. The purpose of this approach is to promote an understanding of human beings wherever they may be found. Within phenomenology generalization is based on similar meanings rather than exact duplication. In contrast to the positivist mode of inquiry, further generalizability is not desired (Field & Morse, 1985; Omery, 1983).

The phenomenological researcher is concerned with both the cognitive subjective perceptions of the individual who has lived the experience, and the meaning of that experience to the individual. Further the phenomenological researcher is concerned with the effect of that perspective on the individual's experience or behavior. The goal of the method is to describe the total systematic structure of lived experience, including the meaning of these experiences for the individuals who lived them (Omery, 1983).

In contrast to the positivist mode of inquiry where

identification of a cause and effect relationship is the desired outcome, in the phenomenological inquiry no single cause or simple combination of causes is likely to account for the effect. A conclusion or identification of a cause-effect relationship is not desired.

The healing experience was viewed as an energy phenomenon. Rogers' paradigm and phenomenology are both compatible with such a way of thinking. Through choosing to view the healing experience as an energy phenomenon this researcher was able to study the phenomenon with rigorous scientific method.

This study focused on the experience of five individuals who reported having a healing through a healing Mass in Des Moines, Iowa. Healees were invited to participate in this study through an announcement at the healing Mass at St. John's Church and at the charismatic Mass at St. Ambrose Cathedral in Des Moines, Iowa. (See Appendix A.) An invitation to participate in this study also appeared in the monthly newsletter of the charismatic community. All participation was strictly voluntary and the confidentiality of all participants was rigorously protected. While interviews with participants were audio tape recorded, confidentiality was maintained through a coding system which identified subjects by number rather than name.

Participants were invited to telephone this researcher. The first five healees who agreed to participate and signed a consent to participate in the study became the

five interviewees. (See Appendices B and C.) Two interviews were scheduled for each interviewee at a time and location convenient to the interviewee. This interviewer met with each interviewee twice. The initial interviews of each healee were approximately one hour in length; the second interviews were slightly shorter. In the initial interview each participant was asked to describe his or her healing experience. He or she was then asked, "What did this experience mean to you?". (See Appendix D.) The interviews were audio taped with the knowledge and consent of the interviewee. This researcher took field notes during the interviews, with the knowledge and consent of the interviewee. The age and sex of each healee, and date of healing of each healee was recorded in field notes. There was no identifying information on the tape recorded interview. The interviews were transcribed by a professional transcriber and corresponding field note information was written on the transcription within forty-eight hours of the interview.

This interviewer met with each participant for the second interview one to three weeks after the first interview. The purpose of the second interview was to validate this interviewer's understanding of the participant's experience. The interviewer's understanding of the participant's experience was discussed and the participant was asked if he or she had anything to add, correct, or clarify. The participant was then asked to read the transcrip-

tion of the initial interview and comment on the validity of the information. The second interview was also tape-recorded and professionally transcribed. The interviewing process lasted approximately six weeks. Analysis of the findings took three months.

CHAPTER IV

ANALYSIS AND RESULTS

This analysis of results begins with a brief overview of each healing experience. An analysis of the cognitive subjective perceptions of each healee follows. An analysis of the meaning of the experience for each healee is then presented. The effect of that phenomenon on each individual's life since the healing experience is discussed before all data is summarized.

Overview

Five healees responded to this researcher's invitation. The first healee interviewed reported a total healing of a pain in her kidney area while attending a healing rally sponsored by the Life in the Spirit organization in Des Moines. The second healee reported having a physical healing in her heart while receiving the healing energy at St. John's Catholic Church. The third healee reported very significant relief from a chronic back problem which had immobilized him many times before his healing. The fourth healee reported total relief from chronic back pain. Both Healees numbers 3 and 4 noticed their healings after attending the same healing service as healee number 1. The fifth healee suffers from lung cancer which has been stabilized since she began attending healing masses at St. John's in 1986.

Cognitive Subjective Experiences

Similarities of healee perceptions will be discussed briefly. Then a description of each healee and a report of their own cognitive subjective experience is given.

The cognitive subjective experiences of the healees had several definite similarities. Four of the healees reported feeling a relaxation response with the healing experience. Two of the healees reported a sensation of warmth like a warm liquid in their body during the healing. Two of the healees reported knowing on the spot that they had been healed, even before they had time to experience symptom relief. The two healed of back pain did not notice their healings until sometime later. The fifth healee reported knowing of her ongoing healing by her continued ability to defy odds and live a relatively unencumbered life in spite of her lung cancer.

Healee Number 1

Healee number 1 is a sixty year old female who reported having received several healings in the past few years. She met me for the initial interview with a big smile on her face and her arms outstretched for a hug. Nothing about her appearance was fancy or particularly refined. She wore thick black glasses and her hair was pure gray and close-cropped. Her voice was unusually husky. She was dressed modestly in slacks and a blouse. She had arranged that we would meet for our interviews in a small office of a political service organization where

she does volunteer work. The room was smokey and an ash-tray full of butts sat on her desk. The office itself was quite devoid of creature comforts.

For the purpose of our interview Healee number 1 singled out one particular healing experience to describe. She reported that she had been in the habit of saying the rosary while laying prone on the floor, but that shortly before receiving this particular healing in 1983 she had become unable to lie prone due to a pain in her kidney area, and that the pain had begun interfering with her ability to sit at her desk.

She reported that this healing took place at a healing service in Veterans Auditorium in Des Moines. The healing service was officiated by Father Edward McDonough and sponsored by the Life in the Spirit community of Des Moines. The entire service took about three hours. In describing the actual experience of the healing she reported, "There was a warmth in my body, and that's not unusualIt was like there was a congestion in my kidneys, like a tightness....It was like a tight muscle and it was all gone after the healing. That tightness was gone."

She reported that the warm sensation was the most significant symptom of the healing, and she equated the warm feeling to being flooded with the love of the Spirit. She said the feeling of being flooded with the love of the Holy Spirit often causes her to cry, and she called this "the gift of love".

Healee number 1 reported that at times she has received healings which were progressive healings over a series of healing masses and prayers. **They were very distinctly identifiable in her mind.** She pointed to the scripture which speaks of Jesus praying over a blind man and said,

he used saliva and dirt and put that on his eyes and asked him if he could see. And he said that he could see that people looked like sticks or trees walking. And Jesus prayed again over him and then he could see clearly....An explanation that I've heard of that is that even Jesus had to pray more than once sometimes.

She reported that during the healing of her kidney area pain she was not slain in the Spirit as she often is during healing experiences. "Slain in the Spirit" is the phrase used to describe an experience of falling to the ground from the power of the Holy Spirit. It is very commonly seen in the Catholic healing experience.

Healee number 1 also described healing energy as like an electric shock which does not hurt. She reported this feeling of the electric current both when receiving and giving healing energy. She laughed about a memory of receiving healing energy from a priest who hadn't yet experienced the force of the Holy Spirit during healing.

The force was so great because he was trying to hang on to your head. He didn't want to let go

of your head. The force was so great that it knocked it out of his hand! So, there is a force. And the force is the Holy Spirit as far as I can tell.

Healee number 1 took care to report that while the force felt with a healing is indeed great, it is also soothing and gentle. She reported a firm belief that the force involved in the healing experience would never hurt anyone, and if there is no one to catch a person as they are slain in the Spirit, the person will fall very gently to the ground. "You just relax and the Lord takes over." She also described the force to be like a strong wind.

Healee Number 2

Healee number 2 is a sixty-eight year old female who has many similar perceptions of healing experiences. She invited me into her home for our interviews, an apartment on one of the more affluent sides of town. She seemed cautious with me as she eyed me from across the room and began immediately talking to me. She seemed also to be curious about me and anxious to talk with me. During our initial phone contact, she told me the Lord said that I would have the opportunity to work with many people who are dying. Later in our interviews I found out that Healee number 2 considers herself to have the gift of discernment, a gift which she has noticed since she began receiving healing several years ago. The gift of discernment, as is currently understood in the Catholic church, is the ability

to discern the Lord speaking within one's own thoughts.

Healee number 2 is an attractive woman with a very pretty tan hue to her skin and with dark sparkling eyes. Her ruby lipstick set off her natural highlights. She was dressed neatly but modestly with polyester slacks and a matching blouse. She spoke loudly and clearly. She walked with a noticeable limp.

Before we had even gotten seated, Healee number 2 was talking to me. She emphatically told me that some of the folks in the charismatic community had been really put off by my announcement. Did I think that only priests were able to facilitate healings? And without waiting for an answer she went right on to insinuate that I obviously did not know much about healing. I wondered at this change in her presentation from our phone call to this face to face barrage of questions.

I literally broke in to explain to her that I knew that others had the ability to facilitate healing, but that for the purpose of this research I had narrowed it down to healings within the Mass setting. She readily settled in to talking with me rather than at me.

Like Healee number 1, Healee number 2 also reported many healings over the last few years and she picked one to describe to me. She described a healing experience which took place at St. John's Church. She reported that during the summer of 1987 she had been under a lot of stress and was experiencing frequent tachycardia. This concerned her

greatly and as she stood at the altar waiting for her turn to receive healing she asked the Lord to heal her heart. As the priest touched her, she felt a great surge through her heart. She reports that it felt like her heart was "gulping" and yet she also felt peaceful.

I just felt like the Lord...through the power of his hand...was just going right through there and cleaning all those arteries out. And just making room for the new blood to flow through. I could even see my chest jump.

In spite of the description of an almost violent experience she reported that it did not hurt nor was she frightened by the experience. "Because I knew it was the Lord." She reported that she felt a warm sensation which started at the top of her head and flowed throughout her whole being, and that she was slain in the Spirit during this experience. "I usually am slain in the Spirit each time and it seems like I am on cloud nine for those few minutes of ecstasy....It's just a beautiful, beautiful feeling."

Healee number 2 reported that the tachycardia stopped after the healing experience and she perceives her available fund of energy to be greater. "I just knew that it was all caused from stress and anger, and unforgiveness. And so when I decided to give all that up, then the Lord gave me that relief."

Again, like Healee number 1, Healee number 2 reported

that she has experienced both instantaneous healings and healings over time. She reported she can now see that until she was introduced to healing through the intervention of the Holy Spirit she was generally quite angry. She sees the most significant healing in her life to be the peace of mind she has found over the past few years while studying about healing. She has studied healing both within the Catholic church, and with interdenominational prayer groups, including studying with an Evangelical minister.

Healee number 2 also described an energy force much like an electrical current which is frequently involved in her healing experiences. She described that on several occasions she has felt the Holy Spirit jumping from the priest's hands into hers, or from her hands into another's. She reported the first time this happened for her was during a face to face confession with a priest. "I could feel the Holy Spirit jumping in his hands and then it was in mine, too. We were both so surprised and so amazed that we just both jumped up and just embraced, and he cried and I cried."

Healee Number 3

Healee number 3 was the only male respondent. He reported a healing of a chronic back problem--a problem which had disabled him and forced him into bed for up to two weeks at a time, several times a year, for about twenty years. Since his healing in 1983, at the same heal-

ing service in Veterans Auditorium where Healees number 1 and 4 received healing, he has not missed a day of work due to back pain.

Healee number 3 lives in a small town outside of Des Moines, in a beautiful refurbished Victorian home. "That way you get things the way you want them," he responded to my remark about both the beauty of the house and the work involved in the refurbishing process.

Healee number 3 met me at the door and graciously invited me in. He was wearing casual dress clothing. He is a tall man, in his sixties, rather lanky, and walks very slightly bent down at the shoulders.

Healee number 3 was quick to point out that he is not a religious fanatic; he had gone to the healing service mainly to see what it was all about, secondarily in part, to concerns about his son's involvement in the Life in the Spirit community. He reported that once at the service he noticed that he felt very relaxed.

I don't know if you've ever had valium or not, but it was just like you were dosed out with valium, and I was when they started treating my back problem early. It was just a pleasant, relaxed feeling. The chairs, you know, aren't very comfortable.... Ordinarily it would kill me to sit that long. Well, it didn't seem long at all, and I had no pain at all while I was sitting there and while we were going through the whole thing.

I asked him if he was aware that he was being healed. I thought, oh boy, I'm sitting here in these high chairs and I'm not having any pain. **Of course, you** know, your mind can do a lot so you don't know how much is your own mental powers....It was low key, but there was healing going on.

Referring to the priest officiating at the service, He'd just walk by and a lot of people down the aisle would just faint dead away. And they did it regularly, a lot of them did it. And you'd think, well, this isn't all phony. There's really something going on.

He reported that he didn't really know that he had been healed until some months later when he noticed that he had not had his usual bouts with back pain. "I still have a back problem. I still have some numbness in my legs. My hip will hurt a little, but I have not been disabled with my back since that time."

He reported that he had formulated a specific petition, or prayer, for healing of his back pain. This occurred during a time in the service when individuals were encouraged to think of specific types of healing needed for themselves and for others. He also reported that he was not aware of a warm sensation or the energy force sensation reported by healees numbers 1 and 2.

Healee Number 4

Healee number 4 is a good friend of Healee number 3.

She lives in the same small town outside of Des Moines. They and their spouses have been mutual friends for years. Healee number 4 greeted me at the door with a welcoming smile. She is a very pleasant appearing young grandmother and her home evidenced a strong focus on family. She took me to the family room for our interview. It was warm and cozy, and very inviting. The sliding glass patio door opened out onto a neatly kept lawn with several bird houses and bird feeders. Her personal appearance mirrored that of her home--tastefully simple, and very neat and clean.

Healee number 4, a non-Catholic, reported that she went along with Healee number 3 and his family to the healing service in 1983 just to see what it was all about. "We really didn't go with any intentions of having anything healed. As a matter of fact, I don't think I was even that much aware of my back problem at that time, I mean I didn't go with the idea of, gee, maybe they'll heal my back."

The first thing that impressed me was that they asked us to make a list of people that we would like to have God enter their lives and be healed in some way...they didn't mention ourselves. It was thinking about other people. And we started writing down people who were physically sick or who had problems and then we were kind of comparing notes and everything, and then we thought, well, gosh, what about

so and so for their marriage, or so and so for their pregnancy, or so and so for peace of mind. Before I knew it I had thirty or forty names on my list. And so did our friends. And it just was amazing when we started thinking about how God could affect somebody else's life, what we wanted him to do for other people, you know. And it was a moving experience just in that. Then as far as the details of what was said or anything, I can't really recall that except for, you know, as he talked about people with back problems or back pain or anything, it went through my mind, boy, I sure wish I'd come out of this with the relief of not having that problem....I suppose I did pray for it for myself, but I don't really have that recollection particularly of thinking, oh, Lord, please help me get through this....Father McDonough's special prayers on behalf of other people and urging us to be caring about other people was moving to me and maybe that made me more receptive. Healee number 4 reported that she has been free of back pain since this experience.

I had had times through the years when I had had back problems. Never with any regularity. It came unexpectedly and nothing in particular that I did caused it. But when I did, it was always usually quite painful and I would end up having to go to the doctor and get a shot and so forth. I haven't had to do

that since then.

Healee number 4 reports that she did not experience the warmth sensation or the force of the Holy Spirit at work in her body. She did report a feeling of relaxation at the service. She recalled no knowledge of feeling healed and she reported that she did not realize that a healing had occurred until some months later, when while comparing notes with her friend, she realized that she had been pain free since the healing service.

Healee Number 5

Healee Number 5, a female in her sixties, suggested that we meet for our interviews at a local restaurant. She spoke very quickly and decisively on the phone. She is a thin and attractive woman with red hair and pale white skin. She was dressed very nicely in high quality clothing with jewelry to match when we met for our interviews.

Healee number 5 told me that she was first diagnosed with lung cancer in 1980, at which time the top lobe of her left lung and one rib were removed. Five years later, in the spring of 1985, she had the top lobe and rib on her right side removed, again secondary to cancer. A year and one-half later in October of 1986 she was told that the cancer had spread throughout her lungs. At this point she was referred by her internist to an onocologist.

She reported that she told her onocologist that she didn't want any medical attention until she had gone to

Lourdes for a healing, and that it was her onocologist who informed her of the healing Masses in Des Moines. Healee number 5 reported that she went directly from the doctor's office to healing Mass at St. John's Church that same day and told the priest that her doctor had sent her there. She reported that she has been attending healing Mass weekly since that time and that the tumors in her lungs have not grown; and during one check up she had been informed that the tumors had shrunk slightly. Healee number 5 reported that she takes one Cytoxin pill daily but has had no other treatment in the past two years. She also reported that she lost her husband to death in 1985 and that she has had another major surgery in the past two years, and that she considers herself to have had a healing to still be alive. She reported that she also believes her healing to be an ongoing process, and asserted that she is compelled to continue believing this.

Healee number 5 reported that when she is being prayed over at the Mass that she feels a sensation go through her body. "I don't know whether it's hot or cold or what it is....It's just different...just a different feeling from anything else." She does not experience being slain in the Spirit and reported that at times she worries about this, wondering if her healing is as complete as those who are. She reported that she does not allow herself to be slain in the Spirit; that she is old fashioned and that she is not comfortable with this practice. She reported

that she still covers her head in church, a dictum of the church when she was growing up but not in the past twenty years. Healee number 5 reported that she is also very uncomfortable with "all that touchy stuff" in the healing Mass, referring to a portion of Mass when others often hug or shake hands, and offer each other a message of peace.

The Meaning of the Experience

The meaning of the experience varied significantly for for the five respondents. The meaning of the experience to each individual healee will be described separately.

Healee Number 1

When I asked Healee number 1, "what did this experience mean to you?", she responded immediately.

That God is real. I had seen people resting in the Spirit years ago. I was in a small group when I first saw that and then I knew God was real....God is alive, God is well, and he definitely wants to heal his people. I think you don't have to go clear over to Lourdes, France; you don't have to go to Medjugorje, Yugoslavia. We've got it right here at St. John's Catholic Church on Wednesday noon.

"And it shocks people to see someone resting in the spirit the first time. It shocks them." After an individual is slain in the Spirit, he or she usually rests upon the floor for a short time until energy of the Spirit is no longer so overwhelming. This is sometimes called resting in the Spirit.

Healee Number 2

Healee number 2 also answered spontaneously. "It means that the Lord really wants to save me. I mean really, really wants me to be saved. And it really releases the idea that now I can discern the evil spirits that have been working into me." In our second interview she said,

I might also add, too, that if people would only realize what our Lord really did for us by dying on the cross for us and giving us salvation--the gift of love and the gift of heaven. He took all those sins. If people would only forget feeling guilty things would just calm down considerably.

In order to clarify her response, I asked, "Is healing just coming to realize that we already have been made whole?"

That's right! If we would just allow it! The Lord did it already, but why do we insist on the guilt? It's like a balloon--we give it to the Lord then we keep pulling it back. Why do we do that? If we only would accept his salvation!

She went on to say,

This is how I got it figured out. Maybe I got it wrong. This is where the devil has control of our minds. We gave it to the Lord. And you know how kind and loving He is. He did forgive us but we keep pulling it back, pulling it back.

"So it's learning to let go of that guilt and accept the salvation?" I asked, again wanting to make sure that I was accurately understanding her.

"Yes. Yes!" was her affirmative response.

Healee Number 3

The meaning of his healing experience was twofold: an affirmation that the whole world needs healing; and that healing is available. He reported that this had been his belief previous to his healing experience and that the experience made the belief stronger. Healee number 3 was talking of hope for planetary healing and that he had experienced an affirmation of the same. As we talked more he spoke of world peace issues and environmental issues; and of how he is very concerned about both of these issues and yet how he cannot help but save hope for the planet, especially since he experienced a personal healing. "I feel there's something that we don't fully understand--that we don't really comprehend, and if we could it would be a better world."

I don't know how to tie all those things together, how God works, his power on us, God's power through ourselves--I don't know. But they are tied together and they have a lot to do with our health. A tremendous amount. In fact, maybe if we really knew how to cooperate, we'd all be really different people. The world would be different....I think big miracles happen. I think little miracles happen quite

regularly. I believe in them. I always did. I was never, ever a real skeptic about those things. I believe in them. After all, if you're going to have any religious faith you have to believe in some things you don't understand.

Healee Number 4

Healee number 4 easily articulated the meaning of her experience.

It just reinforces what prayer can do. So, I guess, in looking back on it I don't have any thought of amazement because I really do believe. I **believed** it at the time but not necessarily in a group full of...people being healed.

Healee number 4, the only non-Catholic respondent, referred to the healing experience as a "faith healing" experience. It reflected some valuable information about Healee number 4's perspective and the meaning of her experience--that her faith had been an integral part of her healing experience.

I had discussed stories told to me about different healings that had happened, maybe the year or so before this came up. And you know, I believed those stories because first of all, the person that told me was a very truthful, caring person and she had been at some of these places when these things happen. I don't know whether that made me more ready to accept it when I did go. I think mainly I just went out of

curiosity because I had heard about it.

Healee Number 5

To Healee number 5, the meaning was not as clear or as easy to articulate. She was unable to give me an answer to my question, "What did this experience mean to you?". She did say that she'd been a Catholic all of her life and that she'd always believed in Jesus, that there was healing in the Bible, and that she'd always thought that the only place one could get healed was in Lourdes, France, and that now she knew that Jesus was able to heal through many people in many places. She emphasized that she was very curious about several priests who are known for their work in healing but she thought she should stick with what was working for her. She exhibited both curiosity about others and their healing experiences, and a fear of getting more information for herself.

Phenomenon Effect on Individual

The effect of the phenomenon on each individual's life will be addressed separately. A summary of themes found in the effects of the healing phenomenon upon the subjects of this study will conclude this chapter of analysis and results.

Healee Number 1

Healee number 1 has very consciously devoted her life to the work of God. She does not maintain a home of her own, rather sits with an elderly woman at night, and spends most of her daytime hours volunteering with a political

service organization which she believes to be doing God's work. She writes of God's word for an area nursing home, and also for distribution to the public. Her monies are used to publicize the word of God rather than for her own comfort needs.

Healee number 1 reported very definite ideas about the nature of healing, what facilitates healing in her life, and the effect of her healings in her life. She emphasizes the importance of confession, or reconciliation in preparation for receiving the Holy Spirit. "I go to reconciliation--private reconciliation, so that I'm sure that I'm squared away with God and with man, and then allow God to do as he wishes."

I think that if I'm squared away with God and with other people--and the only way I can get squared away is reconciliation, then that's what I do to be more open to what the Holy Spirit wants to do in my body and mind and soul, because then I'm open to the gifts I'm to receive.

Healee number 1 also described the way she prays each day in order to remain open both to the energy of the Holy Spirit in healing, and to knowing of God's work for her. "ACTS: A--adore God, C--be contrite, ask for forgiveness of sins, and T--thanksgiving, and S--supplication. Those are the four categories which I pray." She went on to say that this acronym is one she heard used by two different priests and that she has adopted for her daily use.

And, I found out that all this can be done in the book of Psalms. Adoration from Psalm 145 to 150, and then contrition can be Psalm 42 and Psalm 51....And for thanksgiving I use Psalms 65 and 66....I would say Psalm 82 is supplication and Psalm 103 is really love, that we will all learn to love each other....But, I think that is all part of healing. And doing it every day because our body changes every day and we need healing every day.

Healee number 1 reported that she considers her work for God, at this point in her life, to be writing and healing. She believes that she would not have the ability to focus on her writing if she had not been healed of the pain in her kidney area.

Healee number 1 also reported that since she has received healing, she has discovered that she has what she calls the gift of healing. She reported that she goes to the hospital to visit friends and to take them the gift of healing. She reported feeling the energy of the Holy Spirit as it works through her and is administered to another. She reported that only God does the healing but that lay people and priests alike can be the instrument for the healing process.

Healee Number 2

Healee number 2 also reported that being an instrument for God's healing is a major focus of her life since she herself began receiving healings. She reported that she

is in prayer groups which meet weekly to take healing into the community, and that she has been the instrument for healings too numerous to count, and as significant as having tumors disappear under the touch of her hand. She participates in national conferences and trainings for healers.

Healee number 2 also uses her gift of discernment as an instrument of God's healing. She reported that often while praying over another, she receives a message from God which aids in the facilitation of healing. She reported that the discernment is very helpful in the healing process, and that people are often very surprised by the messages received. She also reported that at times while praying over an individual she will experience speaking in tongues.

Healee number 2 reported that reconciliation is very important in readying for healing, and she emphasized the importance of the Holy Eucharist in healing. She reported that daily Mass has been very important in her own healings and in her work as an instrument of God. "Because I was getting a little closer to the Lord by going to Mass, daily Mass, and taking the Eucharist." She also reported that prayer is a regular part of her day since she has received healings.

Healee Number 3

Healee number 3 reports that he does not notice a change in his lifestyle or behavior secondary to his heal-

ing experience other than operating from a more openminded attitude in general. He reported that he believes his openminded attitude about healing and the healing service was part of what facilitated his experience of healing. He believes that the experience has caused him to be even more openminded, and he believes that if others would open their minds to healing experiences that they also could experience healings.

I believe that we have to be open to a lot more healing in other areas...I think, to God's power and the power within yourself to make you healthy. I don't know...it kind of changes your way of thinking....I think it kind of broadens and deepens your faith to a certain extent....I think you have to be open...I think you can close yourself off from the healing powers....The openness is in your own mind. The power may be bigger than you are but it's up to you whether or not you accept it.

Healee Number 4

Healee number 4 reported that she has not noted any significant changes in her lifestyle since receiving healing and that in a way she feels guilty about this, thinking that perhaps it means that she is not grateful for the experience. As she talked, however, it was very apparent that prayer and the power of prayer are concepts which she employs every day. She reported praying intently for her son while he as struggling with a major illness,

and that she prays routinely for individuals whom she knows need healing. She mentioned the power of prayer several times in our interviews.

Healee Number 5

Healee number 5 stated in several ways that she doesn't know what is causing her to receive ongoing healing and that she is careful to not do anything which could jeopardize the process. She reported that she will not read any literature on healing because she does not want to change her perspective from what is currently working. She reports that while she is very curious about other healing services, she would not vary from the noon healing Mass at St. John's because that is what has been working.

Healee number 5 spoke about how she had really wanted to go to Lourdes but has now talked herself out of it because she does not want to make any changes in her healing regime.

Summary

A dominant theme emerged from the analysis of results each healee experienced what he or she considered to be a very positive change in his or her health status from the healing experience. The change is greater than just a physical change within the individual. Each healee reported changes in their view of self, God, healing, prayer, and the world. The healees reported feeling greater hope and happiness in their lives as a result of the healing experience.

Another theme noted in the analysis of data is that of readying for healing. The healees had specific thoughts on this matter and had developed behavior patterns to ready themselves for healing. This is most easily seen with the two healees numbers 1 and 2, who have experienced multiple healings. They have established prayer, reconciliation, and communion rituals for maintaining receptivity to healing. Healee number 5, who considers herself to have an ongoing healing, maintains her receptivity to healing by taking care to maintain the status quo. Healee number 3 attempts to maintain an open mind to healing. Healee number 4 focuses her prayers on the healing of others as well as herself.

It was also noted within the interviews that each healee continues to seek medical and nursing treatment as the need arises. Healees numbers 1, 2 and 5 are currently involved in medical and nursing treatment of ongoing illness processes. None of the healees used their healing experiences in lieu of medical and nursing care, but rather they blended the two modalities without conflict to their own world view.

CHAPTER V

DISCUSSION

This section begins with a brief overview of the entire study. Recommendations for future study designs which would allow a more in-depth assessment of the relationship between belief and healing outcome follows. The need to study nontraditional healers is then presented. Lastly, the need to understand this phenomenon, and to incorporate this understanding into nursing practice is emphasized.

The subjects in this study reported that the healing experience resulted in positive changes of physical status, including pain relief, relief of persistent tachycardia, the stabilizations of a cancerous disease process, and the disappearance of chronic back problems. They also report positive changes in their mental/emotional status including an increase of hope, an expanded relationship with God, a greater understanding of self, greater self-love, and an increased devotion to one's own moral convictions.

The motivation for this study arose from clinical practice. There is a lack of information about nontraditional healing within the nursing body of knowledge. The purpose of this study was to describe the experience of five healees. Theory development was not a purpose of the study. Explanation of the phenomena was not desired. Generalizability beyond the sample population was not anticipated. The goal of this study was to capture the

essence of the healing experience. A major emphasis of this study was on the need for a greater understanding of nontraditional healing experiences.

The phenomenologic method of inquiry proved to be an appropriate method of study. This method captured the essence and richness of this human experience in a scientific and scholarly manner. Since examination of nontraditional healing methods and experiences is still very rudimentary, more study is needed in the area. The accurate description and identification of a phenomenon is the first step toward understanding it. Nursing patients stand to benefit greatly from information derived through such studies and applied through the nursing process.

The data of this inquiry may support Rogers' Science of Unitary Human Beings. Rogers described humans as irreducible wholes which are greater than the sum of their parts. She described the human being as part of an energy field which is constantly interacting with the energy field of the environment. She reported that what affects one aspect of the being affects the whole. The healees of this study indicated that their healing experiences were encounters with an energy force outside of themselves. They reported that the healing experiences affected them holistically; the physical, mental/emotional, and spiritual aspects of themselves, their perception of their life's work, and their view of the world and God.

Recommendations for future study are based on themes

arising in the course of this study. Elucidation of these themes may lead us, in future studies, to the identification of a common denominator of health. The existence of a relationship between beliefs and healing outcome was the strongest recurrent theme throughout both the review of literature and the interviews with the healees in this study. Therefore, the design of future studies or questionnaires could be expanded to include more specific questions regarding the healee's beliefs about the healing experience and regarding the healee's belief system in general. Healees need to be asked directly what allowed or caused them to receive healing. Careful assessment of the patient's entire belief system must be done. They need to be asked whether or not their views about healing somehow facilitated a positive outcome.

Another area of study is the relationship between one's beliefs and one's illness experiences. Does a belief or thought pattern play a part in the manifestation of illness readying behaviors and/or of illness itself. Perhaps nursing interventions for instilling hope arose from the many times nurses have witnessed patients die almost immediately after giving up all hope. How many times has the direct care giver heard the repeatedly ill patient say, "Well, if it's going to happen to anybody, it will happen to me!"

Further studies using Rogers' Science of Unitary Human Beings as the organizing framework is desirable. It would

have two outcomes: theory testing for Rogers' theory, and adding to the nursing base of knowledge. Further studies using Rogers' framework may be able to address Rogers' three principles of homeodynamics: **resonancy**, **helicy**, and **complementarity**, and the four building blocks identified by Rogers: **energy fields**, **a universe of open systems**, **pattern**, and **four dimensionality**.

Within Rogers' theory what affects part of the human being affects the whole. Therefore, it seems reasonable to assume that the beliefs or attitudes directly affect the physical health outcome. Perhaps the western mechanized view of holism has minimized this relationship. Certainly many nurses have witnessed miraculous recoveries from patients who said, "Oh, I just knew that I would be all right!", or "I knew that if I could just hold on to my belief, I would be all right."

Nursing literature is still quite devoid of information regarding the role between thought patterns, or beliefs, and manifestation of health or illness outcomes. The relationship is most often categorized as either within the domain of religion or as a placebo effect. This view is much too simplistic. The relationship between thought patterns and health or illness outcome has not received sufficient scholarly attention! Rogers' Science of Unitary Human Beings may provide an organizing framework in which to test these relationships.

Within Rogers' theory a human being is effected by

the energy fields in his or her environment. Given this idea, is it not time to begin a scientific investigation of nontraditional healers, including their beliefs and thought patterns, and their views on healing? Perhaps the thoughts and belief systems of the healer is related to the successful facilitation of the healing process. Interviewing the healers could provide a different perspective and additional information. They may be able to help establish a relationship between beliefs and healing outcomes. Perhaps they could speak to the many possible relationships between one human being and the energy fields of the environment, including a Spirit power either within and/or outside of self, and a healer. Successful healers surely have very definite ideas about what causes wellness outcomes. These ideas could be of significant benefit to nursing.

In many non-westernized countries nontraditional healing methods are still a norm, often resulting in profound wellness outcomes (Krippner & Villoldo, 1976). In western cultures nontraditional healing methods are usually church related. Church related healings are not unique to the Catholic church nor are they unique to Christianity. Most organized religious denominations in our nation have a healing ministry (Worrall & Worrall, 1985).

Nontraditional healings are a phenomenon related to nursing patients. Nurses need to expand their knowledge of nontraditional healing methods in order to help nursing

patients gain maximum benefit from such experiences.

Mutual goal-setting by patient and nurse should include a sequence of activities or behaviors most likely to bring about a positive health outcome. In order to achieve such mutual goal-setting and to guide the patient in health producing thought and behavior patterns, the nurse must understand the experience of nontraditional healing. This would enable the nurse to work with the patient's experiences, the patient's perception of the experience, and the creative power of the patient's thought patterns.

REFERENCES

- Bargagliotti, L. A. (1983). Researchmanship: The Scientific Method and Phenomenology: Toward Their Peaceful Coexistence in Nursing. Western Journal of Nursing Research, 5(4), 409-11.
- Benson, D., & Hughes, J. A. (1983). The Perspective of Ethnomethodology. New York: Longman.
- Blue, K. (1987). Authority to Heal. Downers Grove, IL: InterVarsity Press.
- Bradley, D. B. (1987). Energy fields: implication for nurses. Journal of Holistic Nursing, 5(1), 32-35.
- Capra, F. (1984). The Tao of Physics. New York: Bantam Books.
- Carter, M. E., & McGarey, W. A. (1972). Edgar Cayce On Healing. New York: Warner Books.
- Chenitz, C. W., & Swanson, J. M. (1986). From Practice to Grounded Theory. Menlo Park: Addison-Wesley.
- Cohen, M. Z. (1987). A Historical Overview of the Phenomenologic Movement. IMAGE: Journal of Nursing Scholarship, 19(1), 31-34.
- Davis, A. J. (1978). The Phenomenological Approach in Nursing Research. In N. L. Chaska (Ed.). The Nursing Profession: Views Through the Mist. (pp. 186-96). New York: McGraw-Hill.
- DiOrio, R. A. (1984). A Miracle to Proclaim. Garden City, NY: Image Books.

- Donahue, M. D. (1985). Nursing The Finest Art. St. Louis: C. V. Mosby Co.
- Field, P. A. (1981). A Phenomenological Look at Giving an Injection. Journal of Advanced Nursing, 6(7), 291-6.
- Field, P. A., & Morse, J. M. (1985). Nursing Research: The Application of Qualitative Approaches. Rockville, MD: Aspen Publication.
- Hutchinson, S. A. (1984). Creating Meaning Out of Horror. Nursing Outlook, 32(2), 86-90.
- Krippner, S., & Villoldo, A. (1976). The Realms of Healing. Millbrae, CA: Celestial Arts.
- Lamb, R. M. (1987). Healing: Examining the Perspectives. Journal of Holistic Nursing, 5(1), 23-27.
- Leither, K. C. (1980). A Primer on Ethnomethodology. New York: Oxford University Press.
- Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic Inquiry. Beverly Hills: Sage Publications.
- Linn, D., & Linn, M. (1978). Healing Life's Hurts. New York: Paulist Press.
- McManus, J. (1984). The Healing Power of the Sacraments. Notre Dame, IN: Ave Maria Press.
- Meleis, A. I. (1985). Theoretical Nursing: Development & Progress. Philadelphia: J. B. Lippincott Company.
- Melia, K. (1982). "Tell It As It Is" - Qualitative Methodology and Nursing Research: Understanding the Nurse's World. Journal of Advanced Nursing, 7(4), 327-36.

- Omery, A. (1983). Phenomenology: a method for nursing research. Advances in Nursing Science, 5(2), 49-63.
- Psathas, C. (1978). Phenomenological Sociology: Issues and Applications. New York: Wiley and Sons.
- Pelletier, K. R. (1977). Mind as Healer Mind as Slayer. New York: Dell.
- Rogers, M. E. (1970). An Introduction to the Theoretical Basis of Nursing. Philadelphia: F. A. Davis Co.
- Rogers, M. E. (1983). Science of Unitary Human Being: A Paradigm for Nursing. In I. W. Clements and F. B. Roberts (Eds.), Family Health: A Theoretical Approach to Nursing Care. New York: John Wiley & Sons.
- Ruane, G. P. (1985). Overcoming Obstacles to Healing. Caldwell, NJ: Sacred Heart Press.
- Rubin, L. B. (1976). Worlds of Pain/Life in the Working-Class Family. New York: Basic Books, Inc.
- Scandrett, S. (1987). Relaxation and the healing process. Journal of Holistic Nursing, 5(1), 28-31.
- Schatzman, L., & Strauss, A. (1973). Field Research: Strategies for a Natural Sociology. Englewood Cliffs, NJ: Prentice Hall, Inc.
- Schwartz, H., & Jacobs, J. (1979). Qualitative Sociology: A Method to the Madness. New York: The Free Press.
- Turner, J. H. (1986). The Structure of Sociological Theory (4th ed.). Chicago: Dorsey Press.
- Wilson, H. S. (1985). Research in Nursing. Menlo Park, CA: Addison-Wesley.

Wiseman, J. P., & Aron, M. S. (1970). Field Projects For Sociology Students. Cambridge, MA: Schenkman Publishing Co.

Worrall, A. A., & Worrall, O. N. (1985). The Gift of Healing. New York: Harper & Row Publishers.

APPENDICES

APPENDIX A

Announcement

I am a graduate nursing student at Drake and I am studying the healing experience. I would love to hear from you about your unique healing experience. I need five volunteers who have experienced healing of any kind (mental, emotional, or physical) through a healing mass to describe their experience. I will interview each volunteer two times; each interview will take approximately one hour. All interviews will be at a time and location convenient to the participant. All information will remain absolutely confidential.

If you care to participate, please call me at 289-2702.

Thank you,

Maggie Webb-Adams

APPENDIX B

Date

6229 N. E. 22nd St.
Ankeny, Iowa 50021

Dear

Thank you for volunteering to participate in my study! I am looking forward to meeting you and hearing about your unique healing experience! Everything that we can come to understand about healing can be passed on to other nurses. You can be sure that I'll be incorporating all new understandings into my nursing practice!

Please notice that there are two consent forms in this letter, as well as a stamped envelope addressed to me. Please keep one copy of the consent form for yourself as it explains in detail what your participation involves. Please sign the other consent form and return it to me. As soon as I have received the signed consent form, I will call you to set up an interview time.

Thanks again!

Maggie Webb-Adams

APPENDIX C

Consent to Be a Research Subject

Maggie Webb-Adams is a nurse who is studying the healing experience as part of her graduate studies at Drake University. To do this she needs to interview individuals who have had a healing experience. My signature below indicates that I agree to be a subject in this study in which I will be interviewed twice. Each of the two interviews will take about one hour, and will be scheduled for a time and location convenient for me. The two interviews will be about two weeks apart. I understand that the interviews will be audio tape recorded and that Maggie will be taking notes during the interview. I also understand that the tapes will be professionally transcribed and that the tapes will be kept in the possession of the researcher for two years, but that my identity will remain totally confidential.

There will be no benefit to me from this study except knowing that my participation might produce information which is useful to others in the future.

I have had the opportunity to talk with Maggie Webb-Adams about the study. I may reach her at 289-2702 if I have questions later. Maggie's advisor on this thesis is Marion Lipman. I may reach her at 271-2150 with any questions I have.

I have received a copy of this form to keep. I have the right to refuse to participate or to withdraw at any time.

This study has been reviewed and approved by the Human Subjects Research Review Committee at Drake University. Linda Brady is the chairperson of this committee and I may call her at 271-2830 with any questions I may have about this study.

Date

Subject's signature

Date

Investigator's signature

APPENDIX D

1. Please describe your healing experience.

2. What did this experience mean to you?